

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026813

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1779

FILED JUL 1 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in lb 15 min.	c. CITY OR TOWN Sappington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10531 Trail Ridge Dr.
3. NAME OF DECEASED (Type or print) First CHRISTOPHER Middle O. Last WILLENBROCK		4. DATE OF DEATH Month June Day 3 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-12
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months 50 Days 50 Hours 50 Min. 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder		10b. KIND OF BUSINESS OR INDUSTRY Willmor Constr.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Willenbrock	
13b. MOTHER'S MAIDEN NAME Louise Wilkens		14. NAME OF HUSBAND OR WIFE Margaret Willenbrock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 77	
17. INFORMANT Margaret Willenbrock, Sappington, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arterio-Sclerotic Heart Dis DUE TO (b) Arterio-Sclerotic Heart Dis DUE TO (c) Arterio-Sclerotic Heart Dis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 4:12 a.m. 62 Month, Day, Year 6-3-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 730 Hickman		COUNTY Kirkwood STATE Mo.	
21. I attended the deceased from 4-12-62 to 6-3-63 and last saw him alive on 6-2-63 Death occurred at 4:12 am on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Les J. Kelly MD (Degree or title)	
22b. ADDRESS 730 Hickman		22c. DATE SIGNED 6-4-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-6-1963	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.		23d. LOCATION (City, town, or county) Kirkwood, Mo.	
24. FUNERAL DIRECTOR Pfzinger Mort-Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. 6-4-63	
26. REGISTRAR'S SIGNATURE John Murphy			

100-0-1000

St. Louis

St. Louis

Washington

12 min.

Richard White

10531 Trail Ridge Dr.

St. Marys Hosp.

June 3, 1963

ATTEST

NOTARY PUBLIC

12-25-12

Miss

Miss

Illinois Const. St. Louis, Mo.

Builder

Marjorie Allenbrook

Police Officer

Henry Allenbrook

10531 Trail Ridge Dr.

Marjorie Allenbrook, Applicant, Mo.

None

None

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

St. Louis, Mo.

June 3, 1963

100-0-1000

St. Louis

Marjorie Allenbrook, Applicant, Mo.